(Ms. STABENOW) was added as a cosponsor of S. 1840, a bill to amend section 340B of the Public Health Service Act to increase the affordability of inpatient drugs for Medicaid and safety net hospitals.

S. 1930

At the request of Mr. REID, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of S. 1930, a bill to expand the research, prevention, and awareness activities of the National Institute of Diabetes and Digestive and Kidney Diseases and the Centers for Disease Control and Prevention with respect to inflammatory bowel disease.

S. 2475

At the request of Mr. SALAZAR, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. 2475, a bill to establish the Commission to Study the Potential Creation of a National Museum of the American Latino Community, to develop a plan of action for the establishment and maintenance of a National Museum of the American Latino Community in Washington, DC, and for other purposes.

S. 2491

At the request of Mr. CORNYN, the name of the Senator from Hawaii (Mr. AKAKA) was added as a cosponsor of S. 2491, a bill to award a Congressional gold medal to Byron Nelson in recognition of his significant contributions to the game of golf as a player, a teacher, and a commentator.

S. 2590

At the request of Mr. COBURN, the names of the Senator from Ohio (Mr. DEWINE) and the Senator from Louisiana (Ms. LANDRIEU) were added as cosponsors of S. 2590, a bill to require full disclosure of all entities and organizations receiving Federal funds.

S. 2750

At the request of Mr. DEMINT, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 2750, a bill to improve access to emergency medical services through medical liability reform and additional Medicare payments.

S. 3275

At the request of Mr. ALLEN, the name of the Senator from Colorado (Mr. ALLARD) was added as a cosponsor of S. 3275, a bill to amend title 18, United States code, to provide a national standard in accordance with which nonresidents of a State may carry concealed firearms in the State.

S. 3485

At the request of Mr. DORGAN, the names of the Senator from Nevada (Mr. REID) and the Senator from West Virginia (Mr. BYRD) were added as cosponsors of S. 3485, a bill to amend the Tariff Act of 1930 to prohibit the import, export, and sale of goods made with sweatshop labor, and for other purposes.

S. 3568

At the request of Mr. BENNETT, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 3568, a bill to protect information relating to consumers, to require notice of security breaches, and for other purposes.

S. 3617

At the request of Mr. INHOFE, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of S. 3617, a bill to reauthorize the North American Wetlands Conservation Act.

S. 3682

At the request of Mr. ALEXANDER, the name of the Senator from Florida (Mr. MARTINEZ) was added as a cosponsor of S. 3682, a bill to establish the America's Opportunity Scholarships for Kids Program.

S. 3684

At the request of Mr. ALLEN, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 3684, a bill to study and promote the use of energy efficient computer servers in the United States.

S. 3696

At the request of Mr. BROWNBACK, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of S. 3696, a bill to amend the Revised Statutes of the United States to prevent the use of the legal system in a manner that extorts money from State and local governments, and the Federal Government, and inhibits such governments' constitutional actions under the first, tenth, and fourteenth amendments.

S. 3698

At the request of Mr. JEFFORDS, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 3698, a bill to amend the Clean Air Act to reduce emissions of carbon dioxide, and for other purposes.

S. CON. RES. 97

At the request of Mr. GRASSLEY, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S. Con. Res. 97, a concurrent resolution expressing the sense of Congress that it is the goal of the United States that, not later than January 1, 2025, the agricultural, forestry, and working land of the United States should provide from renewable resources not less than 25 percent of the total energy consumed in the United States and continue to produce safe, abundant, and affordable food, feed, and fiber.

S. CON. RES. 106

At the request of Mr. JOHNSON, the name of the Senator from Georgia (Mr. CHAMBLISS) was added as a cosponsor of S. Con. Res. 106, a concurrent resolution expressing the sense of Congress regarding high level visits to the United States by democratically elected officials of Taiwan.

S. CON. RES. 113

At the request of Mrs. CLINTON, the names of the Senator from Wisconsin (Mr. FEINGOLD), the Senator from Rhode Island (Mr. REED) and the Senator from Virginia (Mr. ALLEN) were added as cosponsors of S. Con. Res. 113, a concurrent resolution congratulating the Magen David Adom Society in Israel for achieving full membership in the International Red Cross and Red Crescent Movement, and for other purposes.

S. RES. 407

At the request of Mr. MENENDEZ, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. Res. 407, a resolution recognizing the African American Spiritual as a national treasure.

S. RES. 531

At the request of Mr. LIEBERMAN, the name of the Senator from Rhode Island (Mr. CHAFEE) was added as a cosponsor of S. Res. 531, a resolution to urge the President to appoint a Presidential Special Envoy for Sudan.

AMENDMENT NO. 4692

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 4692 intended to be proposed to S. 3711, a bill to enhance the energy independence and security of the United States by providing for exploration, development, and production activities for mineral resources in the Gulf of Mexico, and for other purposes.

AMENDMENT NO. 4698

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 4698 intended to be proposed to S. 3711, a bill to enhance the energy independence and security of the United States by providing for exploration, development, and production activities for mineral resources in the Gulf of Mexico, and for other purposes.

AMENDMENT NO. 4727

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 4727 intended to be proposed to S. 3711, a bill to enhance the energy independence and security of the United States by providing for exploration, development, and production activities for mineral resources in the Gulf of Mexico, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY (for himself and Mr. BAUCUS):

S. 3767. A bill to delay the full implementation of the occupational mix adjustment to the wage index under the Medicare inpatient hospital prospective payment system; to the Committee on Finance.

Mr. GRASSLEY. Mr. President, I am pleased to join once again my good friend and colleague Senator BAUCUS to introduce the Wage Index Accuracy Improvement Act.

The Wage Index Accuracy Improvement Act enables the Centers for Medicare & Medicaid Services, CMS, to improve the accuracy of Medicare payments for acute care hospital services.

Under Medicare, acute care hospitals are paid for inpatient services through the hospital inpatient prospective payment system, IPPS. Around 3,500 hospitals received payment through the

IPPS totaling approximately $100 billion in fiscal year 2004.

As you know, hospitals in the United States vary greatly in terms of size, geographic location, types of patients served and staffing. Since a ''one size fits all'' approach to paying hospitals would not fairly compensate hospitals for the inpatient services they provide to Medicare patients, payments under the IPPS are adjusted to take into account these differences.

CMS has been refining one such adjustment, as required by law, and has limited its application until it has been adequately developed. This significant adjustment, the area wage index, is intended to account for differences in prices for labor in different markets.

In order to ensure that the wage index accurately reflects the difference in labor costs among different areas and not a hospital's employment choices, an occupational mix adjustment is also applied to the wage index.

For example, a hospital choosing to employ predominantly registered nurses would have higher labor costs than a hospital employing—less-expensive—licensed practical nurses. Because a hospital's staffing practices are unrelated to area wages, its staff composition should not influence the area wage index.

CMS collected data in 2004 from hospitals for purposes of calculating the occupational mix adjustment; however, because of reasons including the agency's lack of confidence in the data, only 10 percent of the wage index was adjusted for occupational mix in fiscal years 2005 and 2006.

Questions concerning the reliability of these data can be seen in my home State of Iowa. Since the State is largely rural, Iowa hospitals generally employ a less expensive mix of personnel. One would expect the occupational mix adjustment to the wage index to benefit these hospitals; however, the opposite effect has occurred. In fact, it is estimated that the occupational mix adjustment has adversely affected 8 of the 10 geographic locations in Iowa.

CMS originally proposed to continue this limited adjustment for occupational mix in fiscal year 2007, but a Federal appellate court ordered the agency to apply the occupational mix adjustment, based on data collected in 2006, to 100 percent of the wage index effective for fiscal year 2007.

CMS collected these data hurriedly, using only 3 months of data, and will not be able to post the final wage index information until after the fiscal year 2007 inpatient hospital rates are announced. Moreover, since the data collection instrument has changed from the last time CMS collected data, CMS will not have sufficient time to analyze fully the data and determine their accuracy.

Given the lack of opportunity to ensure data accuracy, the uncertainty of how the occupational mix adjustment will affect hospital payments, and the disruption that can occur in moving immediately from a 10-percent adjustment for occupational mix to a 100-percent adjustment, the Medicare Wage Index Improvement Act would limit application of the occupational mix to the current rate for a 2-year period.

This legislation would give CMS the opportunity to look at the data and act accordingly both to apply the occupational mix adjustment to the wage index appropriately and to avoid disruptions.

In the meantime, the Medicare Wage Index Improvement Act would require CMS to evaluate the way in which they collect data for and calculate the occupational mix adjustment and present us with recommendations by January 1, 2008.

I would also like to point out that the changes required under this legislation would be budget neutral because the Social Security Act requires that aggregate payments under this adjustment not be greater or less than payments made without the adjustment.

Mr. President, adjusting inpatient hospital payments under Medicare can have significant effects on a hospital's financial health. These adjustments should therefore be adequately developed to ensure that payments are accurate and not fully implemented until they are ready.

In the case of the wage index adjustment, let's provide CMS the opportunity to get the job done right.

Mr. BAUCUS. Mr. President, today, along with Finance Committee Chairman CHUCK GRASSLEY, I am introducing the Wage Index Accuracy Improvement Act. This bill would help ensure access to quality, affordable health care in rural America. And this bill would improve accuracy, reduce volatility, and ease uncertainty in the way that Medicare pays hospitals.

Medicare pays most hospitals through the inpatient prospective payment system, or IPPS. Under the IPPS, Medicare pays hospitals a standardized amount for each patient discharged. The Government's Centers for Medicare and Medicaid Services, or CMS, adjusts this amount for local wages, with a mechanism known as the area wage index. CMS intends that the area wage index help adjust for the wide variation of prices for labor and supplies across the Nation. After adjusting for wages, CMS then multiplies the standardized amount by the relative weight of the diagnosis—the diagnosis related group or DRG—to determine the total payment to the hospital. CMS further increases payments if the hospital is a teaching hospital, cares for a disproportionate share of low-income patients, or treats an exceptionally costly case.

Rural providers have had concerns about the accuracy of the wage index. Largely in response to these concerns, Congress enacted an important provision as part of the Medicare Modernization Act, or MMA, in 2003. For hospitals with wage indexes below 1.0—that is, hospitals where CMS thinks that local wages are below average—section 403 of the MMA reduced the portion of the standardized amount subject to wages to 62 percent, down from about 70 percent. This provision increased payments to hospitals in low-wage areas by an estimated $5.2 billion over 10 years. And this change was an important step toward ensuring access to quality, affordable health care in rural areas.

Nonetheless, significant problems with the wage index still exist. Some of those problems relate to section 304 of the Benefits Improvement and Protection Act of 2001. In that law, Congress required CMS to collect data on hospitals' occupational mix, in order to remove incentives to employ a relatively more expensive workforce.

For instance, a hospital that employs predominantly higher paid registered nurses would typically have higher labor costs than a facility employing mostly lower paid licensed practical nurses. In an effort to remove the influence of these staffing choices on Medicare hospital payments, section 304 required CMS to adjust the wage index for occupational mix. Congress intended through section 304 to bring greater accuracy to the payment system, leading to fairer reimbursement for hospitals. I am concerned that this provision may well have the opposite effect.

CMS collected data for occupational mix adjustment in 2004. But given concerns over the accuracy of the data, in fiscal years 2005 and 2006, CMS applied only a 10-percent adjustment for occupational mix. CMS proposed the same adjustment—10 percent—for fiscal year 2007.

On April 3, 2006, the Second Circuit Court of Appeals ordered CMS to apply 100-percent of the occupational mix adjustment for fiscal year 2007. The court directed CMS to complete data collection and measurement by September 30, 2006, and then apply the adjustment in full.

Mr. President, if CMS proceeds with a 100 percent occupational mix adjustment, hospital payments will be subject to inaccuracy, uncertainty, and volatility. Congress can prevent these outcomes, by passing the Wage Index Accuracy Improvement Act that we introduce today.

This bill would maintain the current 10 percent occupational mix adjustment for the next 2 fiscal years, giving CMS time to collect accurate data. The bill would require CMS to report on its data collection for the occupational mix adjustment by January 1, 2008. Both of these actions will give hospitals more time—and more information—to better understand the effect of the occupational mix adjustment.

Mr. President, Medicare pays for more than $100 billion of hospital inpatient services every year. This system should be as accurate as possible. This system should not be subject to swings resulting from quickly-collected data, applied at the last minute. I urge my

colleagues to join Chairman GRASSLEY and me in passing this important legislation as soon as possible.

By Mr. LEAHY (for himself, Mr. SPECTER, Mr. DORGAN, and Mr. HARKIN):

S. 3768. A bill to prohibit the procurement of victim-activated landmines and other weapons that are designed to be victim-activated; to the Committee on Armed Services.

Mr. SPECTER. Mr. President, today I join Senator LEAHY in introducing the Victim-Activated Landmine Abolition Act of 2006, which will prohibit the procurement of victim-activated landmines. Antipersonnel, victim-activated landmines are small, inexpensive weapons that kill or maim people upon contact. Indiscriminate use has produced many civilian casualties and has resulted in an international effort to control or ban these weapons.

As a member of both the Appropriations Subcommittee on Defense and Foreign Operations, I have supported efforts to create alternatives to victim-activated munitions, to mitigate the associated risks for innocent civilians, and to help those who have been inadvertently harmed. The United States sets an example for the world by remaining a global leader in providing funds for mine clearance, mine risk education, and mine survivor assistance activities. According to the Congressional Research Service, the United States has dedicated an estimated $500 million for demining efforts over the last 10 years. Furthermore, the U.S. Department of Defense, in conjunction with industry partners, has developed technology which permits the deployment of mines that cannot be activated by the victim. This ''man-in-the-loop'' technology will ensure that innocent civilians are not harmed by mines.

On September 18, 1997, diplomats from almost 90 countries met in Oslo, Norway, and adopted the text of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, commonly referred to as the Ottawa Convention or the Mine Ban Treaty. The Mine Ban Treaty went into effect on March 1, 1999, and mandates that countries discontinue the production, stockpile, use or exportation of antipersonnel landmines. It further mandates that countries clear their territory of mines and destroy stockpiles. The Mine Ban Treaty is credited with the reduction in victims and procurement of mines.

Although the U.S. has declined to participate in the treaty, the U.S. continues to lead the world in dollars spent on aid and efforts to help foreign nations demine fields and dispose of thousands of antipersonnel landmines, which is a costly and dangerous undertaking. The U.S. has not used antipersonnel mines since the 1991 Persian Gulf war. Since 1992, the U.S. has prohibited exportation of antipersonnel mines and U.S. production was halted in 1997.

A review of the facts surrounding landmines and the tragic consequences that have resulted from their use has convinced me that the indiscriminate use of these weapons must be stopped. The International Campaign to Ban Landmines estimates that there are more than 80 million landmines in the ground in more than 80 countries and that 15,000–20,000 people are maimed or killed by landmines each year. UNICEF estimates that 30 to 40 percent of mine victims are children under 15 years old. Millions more suffer from the economic and psychological impact of these weapons.

Innocent civilians in foreign countries are not the only victims that suffer the debilitating effects of these weapons. Landmines have injured and killed thousands of U.S. and allied troops in every U.S.-fought conflict since World War II, including those in Iraq and Afghanistan. Although landmines cost as little as $3 to produce, they can cost as much as $1,000 per mine to clear.

The legislation introduced today calls on the United States to continue to set an example for other countries by implementing a ban on the procurement of victim-activated weapons systems. Further, it recognizes that the U.S. has acquired reliable technology that enables all weapons systems to be equipped with man-in-the-loop targeting and triggering capabilities, meaning that the device can be deployed and triggered only in response to an intentional action by a person.

I yield the floor.

Mr. LEAHY. Mr. President, I am today introducing, with my friend from Pennsylvania, Senator SPECTER, and Senators DORGAN and HARKIN, The Victim-Activated Landmine Abolition Act of 2006.

This legislation would prohibit the procurement of victim-activated landmines and other weapons that are designed to be victim-activated. It builds on a long history of leadership by the Congress on the issue of landmines, which indiscriminately kill and maim innocent people, as well as U.S. troops, around the world.

I will have another statement on this subject when we return from the August recess, but I want to make a couple of points today.

First, Senators should know that since 1997 when an international treaty banning the manufacture, use, export and stockpiling of antipersonnel landmines was initialed at Ottawa, 154 nations have signed and 151 have ratified the treaty.

This is an extraordinary achievement, for which Lloyd Axworthy, Canada's Foreign Minister at the time, and the International Campaign to Ban Landmines deserve enormous credit. Unfortunately, the United States is not a signatory to the treaty and at one time even worked against it.

Thanks to the treaty, the manufacture and export of antipersonnel landmines has decreased significantly, and the number of victims has also declined. But mines continue to be a weapon of choice, especially for rebel groups such as the FARC in Colombia and Hezbollah in Lebanon.

Second, the United States has not exported antipersonnel mines since 1992, produced antipersonnel mines since 1997, or used anti personnel mines since 1991. This is not a weapon we need.

Moreover, for the past decade the Department of Defense has been developing alternatives to landmines. The goal has been to replace mines that cannot distinguish between an enemy combatant and a U.S. soldier, an innocent child, a farmer or a refugee.

That program has produced man-in-the-loop technology that is ready to be deployed in a new generation of mines that are not victim-activated.

I have long supported this program and I commend the Department of Defense for its support for the development of this technology. I believe it will provide the U.S. military with the force multiplier and protection afforded by conventional landmines without impeding the mobility of our troops or endangering innocent civilians. It will enable the military to finally stop using or stockpiling victim-activated landmines that have no place in the arsenal of a civilized nation, much less the world's only superpower.

As we see daily in Iraq, Afghanistan, and Lebanon, civilians bear the brunt of wars today. They do not have body armor or armored vehicles. They are routinely caught in the crossfire. At any moment they are at risk of being killed or maimed by a landmine or other improvised explosive that lies in wait until triggered by whoever steps on it or drives over it.

I want to emphasize that the need for this legislation is not because the United States is causing the mine problem. It is not. As I mentioned, we have not used or exported antipersonnel mines for 15 years, despite fighting wars in Afghanistan and Iraq. We are also the largest contributor to humanitarian demining in countries that have been severely affected by mines, and we support programs to assist mine survivors.

But just as a solution to the Middle East conflict depends on the active, sustained engagement and leadership of the United States, so does the problem of landmines.

As was the case with poison gas more than half a century ago, the solution to the mine problem is the stigmatization of these indiscriminate weapons so the political price of using them serves as a deterrent. Will some rebel groups or rogue nations continue to defy the international norm? Undoubtedly. But by setting an example and using our influence we can reduce their numbers significantly to the benefit of our troops and the innocent.

I again want to thank my friend Senator SPECTER, who has supported legislation to ban landmines for more than a decade.

Mr. SPECTER. The 'Victim-activated Landmine Abolition Act of 2006', which I am joining my friend from Vermont, Senator LEAHY, in introducing today would end the procurement of these indiscriminate weapons by the United States. We neither need these weapons not is it in our interest to continue to insist on the right to use them. They cannot distinguish between civilians and combatants, and as long as we stockpile them we cannot credibly urge others to stop using them against our troops. Does my friend from Vermont agree with me that our goal in sponsoring this legislation is to reaffirm United States leadership on this crucial humanitarian issue and to encourage other nations to follow our example?

Mr. LEAHY. That is correct and I thank the senior Senator from Pennsylvania. I have been pleased to have him as a partner over the years on legislation to eliminate these inhumane weapons, and I welcome the opportunity to do so again today. We want to send a message to the world that victim-activated landmines and other weapons designed to be victim-activated are beyond the pale. We have seen what they can do to our troops. We have seen what they do to a child who picks up one of these seemingly harmless objects, only to have it blow off an arm or worse. These weapons do not belong in the arsenals of civilized nations.

Mr. SPECTER. I thank my friend, who has led this campaign for so many years. Landmines and other munitions that are designed to be victim-activated are inherently indiscriminate. In that sense, they are no different from poison gas. They should be abolished and replaced with weapons that have a man-in-the-loop who can distinguish between an enemy combatant and a civilian. The Department of Defense has this technology. It is time for the United States to adopt a policy that is consistent with the force protection needs of our troops and with the moral values of the American people.

By Mr. ENSIGN (for himself, Mr. NELSON of Florida, Mr. COLEMAN, Mr. LIEBERMAN, Mr. SANTORUM, and Mr. FRIST):

S. 3769. A bill to encourage multilateral cooperation and authorize a program of assistance to facilitate a peaceful transition in Cuba, and for other purposes; to the Committee on Foreign Relations.

Mr. ENSIGN. Mr. President, at long last, Fidel Castro's reign of terror over the Cuban people may be coming to an end. Fidel Castro is incapacitated. He has handed over control of the government to his brother, Raul. The Cuban Government wants us to believe that it is a temporary measure—that Castro just needs to recuperate from surgery. But we don't know the truth—we can't know the truth, because lies are the byproduct of tyranny. And tyrannies are notoriously opaque. For all we know, it may be that Fidel already has already spent his last day as Cuba's leader.

I believe that now is the time for the U.S. Government to push for a peaceful transition to democracy in Cuba. It is a travesty that more than a decade after the cold war ended, a brutal communist dictatorship is still oppressing people 90 miles from our border. It would be an even greater travesty if the United States did not do everything in our power to ensure that after Fidel leaves power—one way or another—Cuba becomes free.

Let's join together in support of the Cuban people and in support of freedom, and let's adopt this bill.

We need to send a signal to all the dissidents and political prisoners in Cuba that we have no illusions about the nature of Fidel Castro's regime—that we know of their plight and stand ready to help them. When Ronald Reagan called Russia the ''evil empire,'' it brought hope to the dissidents and political prisoners in the Soviet gulags. They knew that the people and leaders of the United States were united with them. They were not alone.

That is why I am introducing a bill today that authorizes assistance to the OAS for Cuba human rights activities and election reform. It also authorizes a fund to support independent civil society-building efforts. That includes assistance to political prisoners and their families, other dissidents, independent libraries, youth organizations, workers' rights activists, agricultural cooperatives, associations of the self-employed, journalists, economists, and medical doctors. And it creates the ''Fund for a Free Cuba'' to provide assistance to a transition government in Cuba.

This bill is consistent with the recommendations in the July 2006 Commission for Assistance for a Free Cuba report. We need to move this legislation now, when it can have the biggest impact. The people of Cuba are watching and listening. We need to show them that the leaders of the United States are willing to join them in their quest to be free. They need to know that they are not alone.

By Mr. MENENDEZ (for himself and Mr. LAUTENBERG):

S. 3770. A bill to require a pilot program on the facilitation of the transition of members of the Armed Forces to receipt of veterans health care benefits upon completion of military service, and for other purposes; to the Committee on Veterans' Affairs.

Mr. MENENDEZ. Mr. President, since the March 2003 start of the Iraq war, more than 19,157 members of our Nation's Armed Forces have been injured, more than 18,777 of them wounded in action.

Imagine that you are one of those wounded. You are an enlisted marine serving your country in Iraq. Your convoy is attacked by Iraqi gunmen and your transport explodes, killing several of your fellow soldiers and wounding many more. You are seriously wounded, so you're medevaced to Landstuhl Regional Medical Center and then transported to an appropriate medical facility in the U.S. for further stabilization and treatment.

As you begin the long road to recovery in the hospital, you may be approached by a Department of Veterans Affairs, VA, counselor who provides you with information about VA medical benefits and vocational rehabilitation and employment services. You may or may not meet with someone from the VA. But you're not ready to think about those things yet. You just want to get better and rejoin your fellow marines in Iraq.

Several months later, as you convalesce, Department of Defense, DOD, determines that you should be discharged due to the seriousness of your injuries. But, the discharge process won't become official for at least nine months, and you can't access VA services until it does. This leaves you in limbo, caught somewhere between the DOD and VA systems.

You finally return home, still convalescing from your injuries and while there, you finally receive your discharge papers. This development means no more access to the support you received during active duty, including health care. In order to receive medical care, you need to begin enrollment in the VA system to access medical services. Enrollment is a slow and difficult process, and, in your seriously wounded state, you come up against a blizzard of paperwork, Byzantine procedures, and a number of overworked VA caseworkers.

Your family has no idea how to get you into the system quickly and without having to pay more money for interim care until the VA benefits kick in.

As the conflicts in Iraq and Afghanistan grind on, these stories are all too frequent. Many wounded soldiers, service men and women are faced with the prospect of a premature end to their military service and are struggling to reenter civilian life, often with permanent disabilities. And they now have to find their way to the VA. They need help finding their way so they can get the care they deserve. They have served their country and now their country, their military, owes them our best in return.

That is why I am proud to introduce the Veterans Navigator Act, a bill that would expand and enhance the important work done by VSOs and other nongovernmental organizations to guide our Nation's service men and women to and through the VA healthcare system. It would, in fact, acknowledge the work of these organizations by providing $25 million in grants over 5 years to augment their capabilities.

The ''navigator'' concept is not new. It is similar to the Patient Navigator demonstration program I introduced and which was subsequently enacted

into law. There, we also took a successful small-scale program being used at select medical facilities around the country and expanded it by providing grants for a scaled-up demonstration program to serve those with cancer and other chronic diseases, and in particular, to provide support to medically underserved populations.

With the veterans navigator bill, I propose to do something similar, capitalizing on the successes of the Patient navigator concept, to help our troops. The $25 million over 5 years in the bill would allow VSOs and other organizations to apply for grants so that they could hire and train navigators to provide assistance, on an individualized basis, to members of the Armed Forces as they transition from military service to the VA health care system. They would do so in coordination with DOD and the VA. Right now, many VSOs rely principally on donations to perform these services.

At the end of the 5 years, the VA Secretary would submit a report to Congress on the effectiveness of the veterans navigator demonstration program and to recommend whether it should be made permanent.

Often called national service officers or counselors, a navigator is a ''sherpa,'' a guide through the maze of paper and people and specialists and benefits. A navigator is an advocate for those no longer able to go it alone. A navigator is a facilitator, someone who will be with you through the process, to provide the expertise you will need to transition between active duty and veterans status and to get the urgent care you need.

Let me be clear: a navigator does not supplant the role of the DOD or the VA. A navigator is meant to complement the work done by these organizations, particularly at a time when those systems are struggling to meet the needs of the soldiers returning from war and will continue to do so long after the conflicts in Iraq and Afghanistan have ended.

The bill focuses particular attention on four underserved groups in the military community: the seriously injured or wounded soldiers, female soldiers, those suffering from psychological problems like post-traumatic stress disorder, PTSD, and members of the activated National Guard and Reserves.

These underserved groups have not been sufficiently served in existing VA and DOD transition programs and activities. It is these underserved groups who especially need continuity of care as they enter and wind their way through the VA medical system. Part of the reason they have not been adequately cared for is that the nature of the current wars we are fighting, in Iraq, in Afghanistan, are different from previous conflicts we have undertaken.

During the Iraq and Afghanistan campaigns, we have the largest activation of National Guard and reservists since World War II. As of June 1, according to DOD, the United States had 128,789 military personnel deployed in Iraq. Of these, 102,709 were active component personnel and 26,080 were National Guard and Reserves. The recent announcement by President Bush to send additional troops to Baghdad in the face of increasing sectarian violence will likely only mean that those numbers will increase.

The GAO released a report last February citing deficiencies in benefits for these soldiers. The report concluded that National Guard and Reserve soldiers ''are given little help navigating a thicket of regulations and procedures necessary to gain access to military doctors.''

To complicate matters, members of our National Guard who seek medical care must file for an extension of their active duty status in order to continue to access military bases and hospitals.

In its report, GAG also concluded that, and I quote, ''the Army has not consistently provided the infrastructure needed to accommodate the needs of soldiers trying to navigate their way through the' active duty medical extension' ADME—process . . . this has resulted in injured and ill soldiers carrying a disproportionate share of the burden for ensuring that they do not fall off their active duty orders.''

The Veterans Navigator Act would help minimize such occurrences by providing National Guardsmen and Reservists someone to help bring them through the ADME process and to help correct any discrepancies before they cause a delay in accessing VA medical care.

Veterans with psychological problems also need help. In the last several years, we have been hearing a lot more about post-traumatic stress disorder, or PTSD, in veterans and those returning from conflict. A recent GAO report has concluded that almost four out of five service members returning from Iraq and Afghanistan who were found to be at risk for PTSD, were not provided appropriate medical assistance. All of these factors mean that now, more than ever, our Nation's soldiers need help moving between the DOD and VA realms.

According to the chief of psychology at Walter Reed Army Institute of Research, roughly 20 percent of those service men and women returning from Iraq suffer from PTSD. In its recently released report, GAO concluded that roughly 78 percent of those servicemembers at risk for PTSD do not get further evaluation. That means they return to active duty or are discharged without receiving the appropriate care.

It is the nature of this disorder to appear not right after the traumatic event is experienced, but often not until an individual reexperiences an event, has a flashback or is somehow reminded of a battlefield event. That may not happen until after a servicemember has been discharged from service. Once PTSD does emerge, the veteran may not know how to access VA medical assistance, or he or she may not have yet enrolled into the VA medical system.

Again, as in the case of the severely wounded, time is of the essence. PTSD can manifest itself so severely as to incapacitate a soldier, making medical care more urgent. In the case of returning National Guardsmen and Reservists, the problem is made more complex because of the 2 year time limit on filing for VA benefits.

Since 1991, opportunities for women in our Nation's Armed Forces have grown. For the first time, the military is placing women in support units at the front line. This has come partly as the result of more than 10 years of policy changes making 91 percent of the career fields gender neutral.

The Navy and the Air Force have begun to allow female soldiers to fly fighters and bombers. The Army has expanded the role of women in ground-combat operations. Right now, ''women command combat military police companies, fly Apache helicopters, work as tactical intelligence analysts, and serve in artillery units.

This would have been unheard of a decade ago, but it is happening right now. Right now, record numbers of female soldiers are fighting on the front lines and, as a result, more are being seriously wounded or killed. A Baltimore reporter profiling women soldiers' participation in Iraq observed that ''the war in Iraq has been an equal opportunity employer, by killing and injuring a historic number of female soldiers in combat situations.''

Therefore, a VA medical system designed to treat wounded male soldiers must now ensure that female soldiers get the right kind of medical care. They will need help finding that care and getting access to that care. A veteran navigator can help them do that.

Because of the length and size of the deployment, many more soldiers are being seriously wounded. According to the GAO, roughly 30 percent of U.S. soldiers wounded in combat during World War II later died. Today, that number has dropped to 3 percent for those serving in Iraq and Afghanistan due to advances in technology and protective gear.

While this is clearly a positive development, it also means that many of these injured soldiers are returning home with severe disabilities, including traumatic brain injuries and missing limbs that require comprehensive inpatient rehabilitation services.

But, severe injuries often mean a lengthy transition from active duty to veteran status. As my story earlier indicates the physical evaluation of a seriously wounded service member to determine whether he or she can return to active duty can take months to complete. In the interim, the VA has to be able to identify these soldiers so that they can perform early outreach, provided that they have the information to do so.

Despite this, the GAO observed in a March 2005 report that the VA faces ''significant challenges in providing services to seriously injured service members.''

In many cases, VA staff have reported that seriously injured service members are simply not ready to begin thinking about VA benefits or dealing with the VA system during the recovery process. The problem here, as GAO has pointed out, is that the VA has no policy for maintaining contact with these soldiers down the line, once they are discharged. Contact is often conducted on an ad hoc basis. Navigators can also help these seriously wounded soldiers.

VSOs such as the Veterans of Foreign Wars, Disabled American Veterans, Jewish War Veterans and so many others have emphasized the importance of maintaining contact with seriously injured veterans who do not initially apply for VA health care benefits because it may be many months or even years before they are prepared to apply for them.

The veterans navigator can help perform this function. Because this individual or individuals have reached out to the injured service member before his or her discharge, they can, in coordination with the VA caseworkers, remain in contact with them as they recover and prepare to reenter civilian life. The navigator can also help obtain information from DOD on seriously injured soldiers earlier on so that they can help ensure that all service members and veterans benefit from VA health care services at the right time.

At a time when many active duty service people and veterans have fought and often made the ultimate sacrifice for their country, we cannot risk having any soldier fall through the cracks. We cannot take the risk that our female soldiers, who are fighting alongside their male colleagues, may not receive the medical care they need. We cannot risk the lives and health of soldiers with PTSD. We cannot risk the lives and the health of any service member who put their lives at risk for our country.

Not so long ago we celebrated Memorial Day, a day when each and every American honors the service of our Nation's Armed Forces, both past and present and takes a moment to thank them for helping to keep America safe and secure. The very least that we can do is to ensure that all of these brave men and women are able to access the medical benefits to which they are entitled, particularly in their time of greatest need. At some point in each of our lives, we might need a guiding hand to help us find our way. Today, Mr. President, I am proposing to provide that helping hand to our troops in a time of their greatest need. It is the very least that we can do.

By Mr. HATCH (for himself, Mr. KENNEDY, Mr. DEWINE, Mr. DODD, Mr. BURR, Mr. HARKIN, Mr. BOND, Ms. MIKULSKI, Ms. SNOWE, Mr. JEFFORDS, Mr. TALENT, Mr. BINGAMAN, Ms. COLLINS, Mrs. MURRAY, Mr. CHAFEE, Mr. REED, Mr. SMITH, and Mrs. CLINTON):

S. 3771. A bill to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act; to the Committee on Health, Education, Labor, and Pensions.

Mr. HATCH. Mr. President, today I am introducing the Health Centers Renewal Act with my colleagues, Senators KENNEDY, DEWINE, DODD, BURR, HARKIN, BOND, MIKULSKI, SNOWE, JEFFORDS, TALENT, BINGAMAN, COLLINS, MURRAY, CHAFEE, REED, SMITH, and CLINTON.

The health centers program was established more than 40 years ago and it has been successful in providing access to quality, comprehensive primary health care services throughout the country to a large number of uninsured or underinsured people, including children, parents and the elderly. Health centers are located at sites within medically underserved areas and provide care to those who have limited or no access to health insurance. Health centers are a critical component of our Nation's health care safety net, providing quality health care to over 15 million underserved individuals in the United States.

These health centers include community health centers which are local, not-for profit 501(c) (3) corporations that provide community-oriented primary and preventive health care and are governed by boards of directors that are composed of at least 51 percent health centers users, to ensure that the patients and the community are represented.

In my home State of Utah, community health centers serve 84,578 patients and provided almost 305,000 patient visits in 2005.

As I travel throughout Utah, I hear nothing but positive remarks about the vital work of community health centers. I would like to share some of the comments that I have received from Utahns with my colleagues.

Midtown Community Health Center in Ogden, UT just opened a very impressive new center which will enable patients in that community to receive the latest care for a range of illnesses such as diabetes, hypertension and asthma. These illnesses are costly and often require monthly visits, laboratory tests and expensive medication. One of the patients at Midtown who has diabetes and hypertension, stated that she would not have anywhere to go to monitor her diabetes if Midtown didn't exist. She describes Midtown as a ''Godsend'' and said that without her health care provided by Dr. Gregoire, she would be in serious financial debt and would have to choose between housing and food or health care. '

Another Utah health center has a family that comes into the clinic with a son who is bipolar. The boy's mother called very distraught because they were having problems affording his medicines and his illness had created other concerns within their family. The woman's new husband thought discipline was the solution to the child's mood swings. The community health center referred the boy to its mental health worker, who in addition to providing counseling, was able to get his medication for him at a reduced price. The mother thanked the mental health worker and she said just having someone to talk to who understood the boy's condition was helpful to her and her family.

Bottom line, community centers have made a tremendous difference for Utah's residents with limited or no health insurance. And these examples are not unique to Utah—patients across the country have had similar experiences with community health centers.

Due to the difference that health centers have made in so many lives, Congress has consistently increased funding for them since 2001 in order to meet President Bush's goal to have 1,200 new or expanded centers and an additional 6.1 million patients served by 2006. Currently, the additional funding has provided service to 4 million additional patients and has added new or expanded facilities in well over 750 communities nationwide. By reauthorizing this program, we will allow health centers to provide lowcost health care to many more uninsured and underinsured individuals.

The legislation that we are introducing today will reauthorize the health center program for 5 more years at the fiscal year 2007 funding level of $1.963 billion, which is the administration's fiscal year 2007 budget request for the health centers program.

Utah health centers have made a tremendous difference in the lives of many—66 percent of patients come from Utah's urban areas and 27 percent are from the rural regions in Utah. Ninety-six percent of Utah's health center patients lived below 200 percent of the Federal poverty level and health centers have made a tremendous difference in their lives. In fact, for most, these health centers serve as a vital component of the health care safety net for the medically underserved and uninsured. In rural areas, health centers are often the only health care provider for many miles.

Midtown Community Health Center coordinates a free comprehensive screening clinic for women on an annual basis. In 2006, over 250 women received pap smears, breast examinations, diabetes screening, cholesterol screening and depression screening. Many of the low-income, uninsured women served had not received preventive care in many years. One woman who attended the event had experienced irregular vaginal bleeding for several months. She had tried to find a medical provider but was unsuccessful

due to a lack of health insurance and financial concerns. She came to Midtown Community Health Center with an enlarged uterus, a uterine mass and anemia. A Midtown medical provider arranged for an emergency ultrasound and removal of the tumor within 3 weeks. The patient is improving and being treated by Midtown for anemia and irregular menstrual periods.

A 40-year-old man was working as a contractor when his boss noticed he was losing weight and took him to the hospital. He was diagnosed with tuberculosis and hepatitis C. He did not have health insurance and became homeless. The hospital referred him to Wasatch Homeless Health Care, Inc. where he entered the tuberculosis housing and treatment program.

The Johnsons manage their own business in a small rural Utah town, but somehow health insurance coverage has always been difficult for them to purchase. Without the Wayne Community Health Center in Bicknell, the family could only seek medical care for emergencies.

These stories are just some of real life experiences which illustrate how community health centers make a difference. They save lives. They provide preventive health care. They keep people out of hospitals. Community health centers are worth every cent that the Federal Government invests in them. I am pleased and proud to support them by introducing this legislation today.

I urge my colleagues to support this important legislation which not only provides individuals with important health care services but also ensures that the health centers providing these services will have the necessary support to continue providing health services.

Mr. KENNEDY. Mr. President, it is an honor to join Senator HATCH today in introducing this bill to reauthorize the health centers program. The Health Centers Renewal Act reauthorizes the community health center program through 2011. Its goal is to make sure that people across the Nation can obtain the care they need in their community, regardless of their ability to pay.

What began in the 1960s as a neighborhood health center demonstration project at two sites—Columbia Point in Massachusetts and Mound Bayou in Mississippi—has flourished beyond expectation in the years since then. It has now grown to more than 1,000 community, migrant, and homeless health centers providing care in every State across the Nation. Health centers are the ''medical home'' today for over 15 million patients—patients who are overwhelmingly low-income, uninsured and minorities. Without health centers in their community, most of these patients would have nowhere to turn for the health care they need.

Health centers are truly democratic, and are operated in large part by the patients and communities they serve. We hear a great deal these days about moving toward ''consumer-directed'' health care but in most cases that's a code name for cost-shifting to patients. That's not true of health centers, which are truly consumer-directed. The requirement of a patient-majority for health centers' governing boards makes sure the community has a real voice in the services offered and that the needs of the community are met. This community focus has been essential to the program's success in reducing barriers to good health care and overcoming unfair health disparities.

As the number of uninsured and underinsured persons grows each year, the need for health center services increases. More than 40 percent of health center patients have no health insurance and their ranks are increasing. Another 36 percent have coverage through Medicaid or CHIP, and cuts in these programs affect health centers as well. With the growing number of patients who rely on health centers, we must provide the funds needed to open new centers in areas that are underserved and to provide better funding to existing centers to meet the growing demand.

Health centers fill a large void by providing quality, cost-effective care in medically underserved areas. Most health centers are located in rural areas or economically depressed inner cities, where poverty is high and the need is great. They truly are part of the community, providing not just health care, but good jobs and other programs that benefit the entire community.

Community health centers have proven their value over the past four decades, and this bill will enable them to expand and grow in the years ahead, so that they can continue to provide the quality care that their patients and communities rely on.

Ms. SNOWE. I am pleased to join with my colleagues in the introduction of the Health Centers Renewal Act. Today health centers are a critical part of our health care safety net, serving over 15 million Americans.

Community Health Centers, also known as federally qualified health centers, are the only source of primary and preventive services for many medically underserved. This is especially true for people living in rural areas, where provider shortages couple with high health care delivery costs to make access difficult for many individuals.

The increasing role of health centers truly represents a bipartisan success story. Since 2001, the Congress has provided increased funding for health centers to improve and upgrade existing facilities, as well as to further expand the safety net these centers provide. That has supported the President's goal to provide 1,200 new or expanded centers, and is why today an additional four million Americans are now served by health centers.

In my State of Maine, over 80,000 individuals are served by federally funded health centers. In fact, one in five uninsured, low-income Mainers relies on a health center for their primary care. In rural areas, 1 in 10 of our residents rely on a community health center for care.

Today's health centers look very different from those of the past. They are providing comprehensive primary care, and have been moving forward to adopt new technology and practice models which will ensure care of the highest quality at modest cost. In fact, the Office of Management and Budget has recognized the health centers as one of the top 10 performing programs in the Federal Government.

Community involvement has been key to this success. The requirement that patients and community play a major role in governance has been key to the success of these providers in addressing critical local health needs.

There is much yet that must be done to improve our health care safety net, including reducing the disparities in care and outcomes which plague minority and poor populations. Health centers will play a vital role in meeting those challenges, and that is why I am pleased to support this vital legislation to enable their continued growth and support.

By Mr. ENSIGN (for himself and Mr. REID):

S. 3772. A bill to establish wilderness areas, promote conservation, improve public land, and provide for high quality development in White Pine County, Nevada, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. REID. Mr. President, today I rise with my good friend Senator ENSIGN to introduce the White Pine County Conservation, Recreation and Development Act of 2006. This bill creates economic opportunity for the people of White Pine County, improves public land management, and protects some of Nevada's most incredible wild lands. It also makes needed changes to the Southern Nevada Public Land Management Act.

The White Pine County Conservation, Recreation and Development Act is the product of many years of work. Ranchers, land managers, conservationists, off-highway vehicle advocates, tribal members, city and county officials, wilderness advocates and many others have contributed to this effort. Meetings and tours focused on a White Pine County land bill have been taking place for more than 5 years.

The result of these many years of dialogue can be found in the sturdy compromise contained in this legislation. Our bill resolves wilderness study areas, provides a reasonable expansion of local tribal lands, authorizes a study and possible designation of an off-highway vehicle trail, provides for competitive Federal land sales, makes common sense transfers of land between Federal agencies, expands State parks, conveys two small tracts of land to the county for economic development, funds an

important landscape scale restoration project in eastern Nevada, and establishes a national heritage route in eastern Nevada and western Utah.

Like similar legislation that we have worked on and passed for Clark County and Lincoln County, we do not expect anyone to endorse every title in this bill. When it comes to the topics of growth, conservation and stewardship in rural Nevada there are many strong and often opposing views. We believe that this legislation offers a solid middle ground and a path forward for the people of White Pine County.

In order to understand why this legislation is necessary, it is important to first put Nevada and White Pine County in context. Unlike most states in our Union, nearly nine out of every ten acres in Nevada are managed by Federal agencies. In White Pine County the number is even higher. Of the 5.7 million acres that make up White Pine County, 94 percent are managed by the Bureau of Land Management, BLM, the Forest Service, the National Park Service and the Fish and Wildlife Service Federal agencies.

This means that local decisions are not always local. Even the simplest land and stewardship decisions can involve multiple Federal land agencies, and the associated rules that come along with each agency. All too frequently, congressional action is needed to bridge the divide. This is a reality in many parts of the West, but in no place is it more true than in Nevada.

Moving beyond the borders of White Pine County, our legislation also makes essential changes to the Southern Nevada Public Land Management Act that was first passed in 1998. This law has served Nevada well over the last 8 years, yet changes are needed to ensure that the legislation is able to meet the many and complex needs of our fast growing State. I will briefly describe each of these amendments, in addition to the other major titles of this legislation.

But before moving on to the specifics of each section of this bill, let me thank my colleagues for their willingness to work with us on this legislation. Senator ENSIGN and I have crafted this bill through a hands-on, ground level process that we think you will appreciate and support. Throughout this effort we have aspired to make well-reasoned, beneficial and necessary changes to land management in Nevada.

The first title in this bill creates a mechanism to increase the amount of privately held land in White Pine County. Currently, 94 percent of the land in the county is managed by Federal agencies. By increasing the total amount of private land in White Pine Country, we create essential opportunities for growth and economic development that will also allow the county to provide greater support to its residents through an expanded tax base.

Our bill calls for up to 45,000 acres of land currently managed by the BLM to be made available for sale in reasonable increments. Each year a portion of the total acreage will be made available for public auction after a joint selection is made by the county and the BLM. This system has worked well in Clark County and Lincoln County, and we believe that it will greatly enhance the ability of White Pine County to help plan and shape the long-term growth of its many communities. As part of the land sale authority, the county may elect to halt the annual disposal of land when and if appropriate.

Like the Southern Nevada Public Land Management Act and the Lincoln County Conservation, Recreation and Development Act, this bill directs the Secretary of Interior to reinvest the proceeds from these land sales into essential Federal, State, and local environmental protection, infrastructure development, and recreational enhancements in the areas and communities where the lands are sold.

These funds also provide an additional revenue source for fulfilling the various mandates of this bill, including an off-highway vehicle trail study, designation of new wilderness areas, and the conveyance of lands into trust for tribal use.

In 1985 when I visited White Pine County to discuss possible wilderness designations in the Schell Creek and Currant Ranges and the north and south ends of the Snake Range, I heard from many local residents who opposed any effort to designate wilderness. Now in 2006, when I hear from the citizens of White Pine County they are most often strongly supportive of wilderness designation, particularly in the areas that they and their families have visited and cherished for generations.

I believe that much of this change can be attributed to the successful management of the Mt. Moriah and Currant Mountain wilderness areas, designated in 1989, where we were able to protect truly wild lands while still allowing hunting, grazing and other historical uses to continue. Equally important, many White Pine County residents have noted that as new waves of people discover the incredible backcountry of the Great Basin, the identification and protection of lands that are untouched by permanent development has become a priority.

Accordingly, in this bill we have identified roughly 545,000 acres for wilderness designation and the release of 67,000 acres of BLM wilderness study areas. We have benefited greatly from the careful suggestions of the White Pine County Commission, the Nevada Department of Wildlife, the Nevada Wilderness Project, hunters, ranchers, miners, Friends of Nevada Wilderness, and other White Pine County residents during this process.

We have worked to make careful decisions on the wilderness boundaries in this bill. Based on feedback from grazers and other users of the Mount Moriah wilderness area, a number of boundary adjustments have been included to remove small pipelines and other encumbrances from the original wilderness area designated in 1989. We have also made careful choices like along the north end of Red Mountain where the wilderness boundary follows the banks of the White River so that a number of primitive campsites between the stream and a nearby road are excluded from the wilderness area.

While this proposal will surely be criticized as too conservative, others will see it as too expansive. Senator ENSIGN and I have both made important compromises to reach the proposal that we are presenting today and we stand by the middle ground that we have reached. We are committed to continue listening to all parties and taking into account their many and divergent needs.

The third title of this bill makes two important transfers of land between Federal agencies that will improve public land management in White Pine County. The first of these changes is a transfer of approximately 645 acres from the BLM to the Fish and Wildlife Service, FWS, to be managed as part of the Ruby Lake National Wildlife Refuge. This land became an inholding within the boundaries of the refuge after the Fish and Wildlife Service purchased the lands surrounding the BLM parcel in 2002. Management of this area by the Ruby Lake National Wildlife Refuge will improve oversight on the land and strengthen the holdings of this popular refuge.

Our legislation also transfers administrative jurisdiction of roughly 117,000 acres from the Forest Service to the BLM. These lands can be easily identified on a map as the donut shaped configuration of Forest Service land currently surrounding Great Basin National Park. Under the present arrangement, the Park Service, the Forest Service and the BLM manage an awkward patchwork of lands. In some areas, land managed by each of the three agencies can be found within a single linear mile. This division of management and labor makes proper stewardship of this area complicated and often times unworkable.

In addition to moving the identified lands to the BLM to improve management efficiency, we also withdraw roughly 50,000 acres of this land from mineral and land laws and require a management plan for the roads and trails through the area. These added protections will not only compliment Great Basin National Park and its mission, but will also ensure that popular hunting areas remain open and accessible. The additional 70,000 acres transferred to the BLM will be designated as the Highland Ridge Wilderness Area.

This title conveys land to expand two existing state parks and one state wildlife management area. The Charcoal Ovens State Park will receive approximately 650 acres of BLM land to expand its current holdings. The land to be conveyed is already managed by the

state through a Recreation and Public Purposes lease for the operation of a camping area and trail system. Cave Lake State Park will also receive a conveyance of land to help improve management of that site, although the exact boundaries of this designation have not yet been finalized. This park is exceptionally popular, receiving nearly 100,000 visitors each year, most of which are from southern Nevada.

In addition to expanding these two State parks, this bill conveys roughly 6,200 acres to the State of Nevada for an expansion of the Steptoe Valley Wildlife Management Area. The State acquired the 3C Ranch in 1999 and now manages it as the Steptoe Valley Wildlife Management Area. The conveyance of BLM land to this popular hunting and bird watching area will maximize management options while also creating a safety buffer between hunters and future residential and commercial development.

Further, our legislation makes two small but important conveyances to provide for the future economic growth of White Pine County. These include up to 200 acres for the expansion of the White Pine County Industrial Park and up to 1,500 acres for the planned expansion of the White Pine County Airport. The county has been working with the Federal Aviation Administration on this airport expansion for a number of years. When completed, it will allow larger jets to land at the airport, further expanding the economic reach of White Pine County. The conveyance also allows for the airport to expand and accommodate additional business tenants. Any funds collected from the lease, sale or conveyance of either the industrial park or airport lands will be directed for public uses.

Building on the designation of the Silver State Off-Highway Vehicle Trail in Lincoln County, this bill authorizes a 3-year study for a possible extension of the trail into and through White Pine County. If the Secretary of Interior, working with local citizens and other stakeholders, is able to identify a route for the trail that would not significantly impact wildlife, natural or cultural resources, an extension of the Silver State Trail will be designated at the conclusion of the study.

Off-highway vehicle use in Nevada has grown exponentially in recent years, and this rise in use has led to the pioneering of hundreds of miles of additional trails and roads across Nevada's frontier. The longer this uncontrolled use continues, the fewer areas we will have in Nevada that are truly wild and untouched. And when these places are gone, we will have lost something that cannot be replaced.

With this in mind, the study authorized by this bill is an effort to recognize that the use of off-highway vehicles is a popular form of recreation that is here to stay. Many people use their off-highway vehicles responsibly and we are creating a process with this legislation that will put advocates for off-highway vehicles, wildlife, grazing and other land users around the same table.

Perhaps no issue addressed by this legislation has been more discussed and debated than the conveyance of BLM land to be held in trust by the United States for the Ely Shoshone Tribe. Currently, the tribe holds 100 acres in two separate parcels within the city limits of Ely. For 3 years meetings have been taking place in White Pine County to discuss possible configurations and areas for a tribal expansion. Local residents and interested parties have expressed strong feelings on all sides of this issue, and our proposal is better as a result of this dialog.

This bill transfers roughly 3,500 acres in four separate parcels into trust for the benefit of the Ely Shoshone Tribe. Over half of this acreage is contained in one parcel to the west of Ward Mountain. This large area is designated exclusively for traditional tribal uses, such as ceremonial celebrations and gatherings and pine nut picking.

The conveyance also includes two parcels to the south of Ely and one approximately 10 miles north of McGill on highway 93. These lands are available to be used by the tribe for residential and commercial purposes.

The placement of these conveyances will allow the tribe to be a partner in the growth and economic development of White Pine County while also ensuring that the city of Ely has sufficient room to grow south along highway 93. We have taken special care to ensure that existing developments, like the KOA, have room to expand.

This conveyance represents a tough compromise between many important interests. Some have proposed that the tribe should receive in excess of 20,000 acres of land in and around Ely. Others have fought to block the tribe from receiving a single acre. We do not expect that the conveyance in this bill will please anyone completely, but we do believe it is a fair compromise that addresses the main concerns of all the concerned parties.

The invasion of non-native species like cheat grass and red brome and the overgrowth of pinon and juniper woodlands has begun to fundamentally alter the ecosystems in eastern Nevada. This landscape level change threatens to bring catastrophic fire to this area while also destroying essential habitat for many of Nevada's native species.

In order to address the challenges, this legislation makes funds from the Southern Nevada Public Land Management Act special account available for the implementation of the Eastern Nevada Landscape Restoration Project in White Pine and Lincoln Counties. In addition to funding this vital program, we have authorized the Secretaries of the Interior and Agriculture to work with Eastern Nevada Landscape Coalition and the Great Basin Institute in carrying out the landscape-scale restoration efforts necessary to restore the health of eastern Nevada's rangelands. In the interest of understanding and fully addressing the ecosystem changes that are taking place all across the Great Basin, this bill also authorizes a feasibility study for an interagency research facility and experimental rangeland in eastern Nevada.

In addition to preventing major and repeated fires, this restoration initiative will benefit ranchers, sportsmen, private land owners, communities of all sizes, and of course the wildlife and rangelands on which we depend. It is my sincere hope that this program will make a long lasting and beneficial change in the health of the ecosystems in eastern Nevada.

Since the passage of the Southern Nevada Public Land Management Act, SNPLMA, in 1998, thousands of acres of BLM land have been auctioned in southern Nevada. These sales have produced significant funding for conservation efforts, enhancements to our most prized public lands, and the acquisition of sensitive lands throughout our State.

Now, 8 years after its passage, we are seeking to update the legislation so that it continues to serve the full interests of the people of Nevada, our public lands, and the federal agencies that administer the programs funded by the original legislation.

In this bill we provide funding for two separate 10-year hazardous fuels reduction programs, one for the Spring Mountains and one for the Lake Tahoe Basin including the adjacent lands in the Carson Range in Washoe and Douglas Counties and Carson City. We also provide funding for the implementation of the Clark County Multispecies Habitat Conservation Plan, allow SNPLMA to be used for improvements to state parks in Clark County, authorize reimbursement for water saving landscaping undertaken by public institutions, and make the Clean Water Coalition eligible for funding to implement an essential wastewater project that will improve the water quality in Lake Mead and provide a sustainable future for the Las Vegas Wash.

In order to make SNPLMA more manageable for the agencies and municipalities that administer the special account and its many programs, we have included authority that allows all federal agencies that carry out SNPLMA projects to get reimbursed for their direct costs. We have also provided an important authority for the BLM to use SNPLMA funds to properly clear and protect vacant parcels in the Las Vegas Valley from dumping. The current practice of providing funding for approved projects only through reimbursement is also brought to an end. Under this legislation the Department of Interior is required to distribute funds for approved SNPLMA projects no later than 60 days after a transfer of funds is requested.

Of special note, these amendments also include a 5-year authorization for Washoe County to acquire up to 250

acres of land for a county park. The residents of Washoe County have been and remain strong advocates for open space and we hope that they will take advantage of this opportunity.

Perhaps the most important change that we make to SNPLMA is a complete rewrite of the legislation's affordable housing title. While language was included in the original legislation that allows for land to be acquired at less than fair market value for the development of affordable housing, it took the BLM over 4 years to promulgate the guidelines for implementing this provision. Since that time no eligible party has successfully used these guidelines to secure land and build affordable housing anywhere in Nevada.

With an estimated 170,000 housing units needed in southern Nevada for affordable and workforce housing in the next 10 years, immediate action is needed. As a result, we have struck the largely unworkable language from the original legislation. We have replaced it with an authority allowing all legitimate interested parties to work with the BLM to pursue land for the development of affordable and workforce housing. We also take a further step and require that any parcel of Federal land over 200 acres in size that is auctioned in the Las Vegas Valley must include at least 5 percent affordable and workforce housing.

These new affordable and workforce housing provisions are by no means a complete answer to the housing crisis facing southern Nevada, but they are a step in the right direction. I applaud the work that has been done at the local and State levels to address this issue and I am committed to continuing to work on broad based solutions to ensure that we can meet the affordable housing needs in all of Nevada's communities.

The last title of this bill establishes the Great Basin National Heritage Route. Encompassing Millard County, Utah; the Duckwater Indian Reservation in Nevada; and White Pine County, Nevada, this historic area includes historic mining camps and ghost towns, Mormon and other pioneer settlements, as well as Native American communities. The Route passes through classic Great Basin country along the trails of the Pony Express and the Overland Stage. Cultural resources within the route include highly valued and culturally important Native American archaeological sites dating back to the Fremont Culture.

Designation of the corridor as a heritage route will ensure long-term protection of key educational and recreational opportunities while also bringing attention to the Great Basin's rich natural wonders like the bristlecone pine, the old living things on Earth, and the rare Bonneville cutthroat trout. In short, the Great Basin National Heritage Route will provide a framework for celebrating eastern Nevada's and western Utah's rich historic, archaeological, cultural, and natural resources for both visitors and residents.

I have been proud to support the designation of the Great Basin Heritage Route for many years and have helped pass legislation through both the Senate and the House calling for establishment of the route. Unfortunately, in each instance the legislation was included in a larger package of bills that failed to reach the President for signature. Having received the approval of both bodies of Congress for this measure, it is my hope that we can finally make this route a reality as part of this comprehensive legislative package for White Pine County.

The White Pine County Conservation, Recreation and Development Act of 2006 is an ambitious, timely and complex piece of legislation. By making long-term and forward looking improvements to public land management and the stewardship of our shared natural resources, we believe we have crafted a bill that will serve the best interests of the people of White Pine County, eastern Nevada and our entire State.

I look forward to working with the chairman and ranking member of the Senate Energy and Natural Resources Committee to ensure timely review and passage of this bill.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4749. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill H.R. 5631, making appropriations for the Department of Defense for the fiscal year ending September 30, 2007, and for other purposes; which was ordered to lie on the table.

SA 4750. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill H.R. 5970, to amend the Internal Revenue Code of 1986 to increase the unified credit against the estate tax to an exclusion equivalent of $5,000,000, to repeal the sunset provision for the estate and generation-skipping taxes , and to extend expiring provisions, and for other purposes; which was ordered to lie on the table.

SA 4751. Mr. STEVENS (for himself and Mr. INOUYE) proposed an amendment to the bill H.R. 5631, making appropriations for the Department of Defense for the fiscal year ending September 30, 2007, and for other purposes.

SA 4752. Mr. INOUYE submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4753. Mr. REED (for himself and Mr. DODD) submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4754. Mr. SANTORUM submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4755. Mr. SANTORUM submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4756. Mr. SANTORUM submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4757. Mr. SANTORUM submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4758. Mr. COCHRAN submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4759. Mr. MENENDEZ submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4760. Mr. LOTT (for himself and Mr. LIEBERMAN) submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

SA 4761. Mr. LOTT (for himself and Mrs. CLINTON) submitted an amendment intended to be proposed by him to the bill H.R. 5631, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 4749. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill H.R. 5631, making appropriations for the Department of Defense for the fiscal year ending September 30, 2007, and for other purposes; which was ordered to lie on the tables; as follows:

At the end of title VIII, add the following:

SEC. 8109. No funds appropriated or otherwise made available to the Department of Defense under title VI under the heading ''DEFENSE HEALTH PROGRAM'' may be obligated or expended unless, during the period beginning on April 1, 2006, and ending on December 31, 2007, the cost sharing requirements established under paragraph (6) of section 1074g(a) of title 10, United States Code, for pharmaceutical agents available through retail pharmacies covered by paragraph (2)(E)(ii) of such section do not exceed amounts as follows:

(1) In the case of generic agents, $3.

(2) In the case of formulary agents, $9.

(3) In the case of nonformulary agents, $22.

SA 4750. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill H.R. 5970, to amend the Internal Revenue Code of 1986 to increase the unified credit against the estate tax to an exclusion equivalent of $5,000,000, to repeal the sunset provision for the estate and generation-skipping taxes, and to extend expiring provisions, and for other purposes; which was ordered to lie on the table; as follows:

Strike title I and insert the following:

TITLE I—ELIMINATION OF THE MEDICARE PART D COVERAGE GAP

SEC. 101. ELIMINATION OF THE MEDICARE PART D COVERAGE GAP.

(a) ELIMINATION OF COVERAGE GAP.—

(1) IN GENERAL.—

(A) IN GENERAL.—Paragraph (3) of section 1860D–2(b) of the Social Security Act (42 U.S.C. 1395w–102(b)) is repealed.

(B) REVISION OF BENEFIT STRUCTURE.—Section 1860D–2(b)(2)(A) of such Act (42 U.S.C. 1395w–102(b)(2)(A)) is amended by striking ''and up to the initial coverage limit under paragraph (3)'' and inserting ''and up to the point at which the annual out-of-pocket threshold is reached under paragraph (4)'' in the matter preceding clause (i).

(2) CONFORMING AMENDMENTS.—

(A) SUPPLEMENTAL PRESCRIPTION DRUG COVERAGE.—Section 1860D–2(a)(2)(A)(i)(I) of such Act (42 U.S.C. 1395w–102(a)(2)(A)(i)(I)) is amended—

(i) by striking ''deductible,'' and inserting ''deductible or'';